

RECOMMENDATION FOR AWARD

1. TYPE OF AWARD: (Check One)

- ☐ SUPERIOR ACCOMPLISHMENT (Cash or Time Off)
☐ HONORARY RECOGNITION
☐ PERFORMANCE AWARD (Attach copy of rating of record covering same time period as recommendation)
☐ QUALITY PAY INCREASE (Attach copy of rating of record covering same time period as recommendation)
☐ OTHER (Please Specify) _____

RECOMMENDATION FOR: (Check One)

☐ Group ☐ Individual

COVERS PERIOD:

From _____ To _____
mm/dd/yyyy mm/dd/yyyy

RECOMMENDING ORGANIZATION:

AGENCY _____ ORGANIZATIONAL UNIT _____

NAME OF EMPLOYEE(S)	SOC. SEC. NO.	GRADE	AWARD AMOUNT
			\$ / hours
			\$ / hours
			\$ / hours
			\$ / hours

(if more space is needed, continue on separate sheet)

2. JUSTIFICATION FOR AWARD: Use page 2 of this form or attach a separate sheet to:

- a. *Summarize Expectations and/or Job Requirements* – explain the general expectations of the individual/group with regard to the particular assignment or incident for which this award is being recommended.
- b. *Describe how the individual/group exceeded the expectations summarized in 2.a.* – describe how actions initiated by the individual(s) (without supervisory instruction) resulted in improved quality, quantity or timeliness, or lower costs than expected.

3. RECOMMENDING AND APPROVING SIGNATURES:

NAME OF RECOMMENDING OFFICIAL	TITLE OF RECOMMENDING OFFICIAL		
SIGNATURE OF RECOMMENDING OFFICIAL	DATE		
SIGNATURE AND TITLE OF REVIEWING OFFICIALS	DATE	RECOMMENDATION	RECOMMENDED AWARD
		<input type="checkbox"/> Approve <input type="checkbox"/> Disapprove	\$ / hours
Incentive Awards Officer		<input type="checkbox"/> Approve <input type="checkbox"/> Disapprove	\$ / hours
Signature of the Approving Official indicates that funds are available and obligated to pay this award and that payment is authorized.			
NAME OF APPROVING OFFICIAL	TITLE OF APPROVING OFFICIAL		
SIGNATURE OF APPROVING OFFICIAL	DATE	ACTION	AMOUNT AWARDED
		<input type="checkbox"/> Approve <input type="checkbox"/> Disapprove	\$ / hours

4. SEND NOTICE OF AWARD APPROVAL TO: (To Be Completed By Recommending or Approving Official)

NAME _____ TITLE _____
PHONE _____ E-MAIL _____

To Be Completed By Human Resources: Effective Date: _____ Certificate mailed/Ofc. notified: _____

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CONTINUATION PAGE: *(use the space below to complete any section from the previous pages)*